

The following is a typical example : A married lady, aged 30, had an attack of appendicitis in 1893, for which she was confined to bed for ten days, and a second attack in 1896, which laid her up for three weeks. After this attack she was never well. There was continued pain in the right iliac fossa, tenderness there, occasional fever, irregular bowels, dyspepsia, wasting, and a condition of chronic invalidism. In 1897 her appendix was removed. It was free, was much thickened, and was full of muco-pus. The state of the ovary was not noted. She was practically none the better for the operation; her old symptoms persisted, and she remained a chronic invalid. A year later a second abdominal section was made and an adherent, chronically-inflamed ovary discovered and removed, to the patient's complete relief.

It is needless to point out how close is the anatomical association between the vermiform appendix and the right ovary, especially in the matter of their lymphatic vessels. It is very common indeed to find both organs simultaneously inflamed, and the evidence most usually suggests that the ovary was infected from the appendix. In many instances after the appendix has been removed the ovary recovers, or at least gives the patient no further trouble. The surgeon's prejudice will be, naturally, in favour of leaving the ovary unremoved, but I am sure most operators will agree that there is often great difficulty in deciding when this can be done with the confidence that no further inconvenience will follow.

I hope I am not uttering a heresay when I say that it is often almost impossible to distinguish clinically between chronic appendicitis and chronic ovaritis. I have found the appendix sound and the ovary diseased in instances in which competent authorities have stated beforehand that the ovary had no part in the matter, and I have, on the other hand, found a perfectly healthy ovary accredited with mischief-making for which a diseased appendix was in reality answerable.

In operations upon women I think it is very desirable that the right ovary should be systematically examined when the appendix is being removed. If it be found to be entirely healthy, the knowledge is useful should the patient complain—after the operation—of any persistence of her pains.

The small opening made in the abdomen in that operation in which the muscular fibres are spit and drawn aside has much to commend it, but it has the objection that it is not always easy to examine the ovary through such a gap, nor to remove the organ should it be found to be diseased, adherent, and deeply placed.

Eight patients out of this collection of those who expressed themselves as unbenefited by the operation were the subjects of colitis. The